

February 10, 2015

SB 202

Dear Members of the Senate Judiciary Committee,

Hello, my name is Chris Gilbert. I reside in Missoula, MT, and I am a Family Physician practicing in Stevensville, MT. I am here to speak in opposition of Senate Bill 202.

"I will neither give a deadly drug to anybody who asks of it, nor will I make a suggestion to this effect." These words from the Hippocratic Oath have guided physicians for thousands of years, and continue to be a guiding principle in Western medicine today. Even the American Medical Association in their position statement on Physician-assisted suicide note it "is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks." Yet after thousands of years of thought and consideration on the matter, we are here today to again wrestle with this issue.

Physician assisted suicide is dangerous not only to patients, families and society, but it also destroys the foundations of health care. No longer is the physician a healer but rather an executioner. The doctor-patient relationship is forever altered, making it difficult for patients to trust their healthcare provider. We cannot have

laws that give freedom to rogue physicians to end patients' lives. This grants rights to the physician that are too powerful, making him judge, jury and executioner.

It is the opinion of the American Medical Association that "instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication." I urge you to take heed to the guidance of the physicians of this state and oppose Senate Bill 202.

Respectfully,

 MD MPH

Chris Gilbert, MD, MPH

Reference:

AMA Opinion on Physician Assisted Suicide

## **Opinion 2.211 - Physician-Assisted Suicide**

Physician-assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (eg, the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).

It is understandable, though tragic, that some patients in extreme duress--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication. (I, IV)

Issued June 1994 based on the reports "Decisions Near the End of Life 🖨️," adopted June 1991, and "Physician-Assisted Suicide 🖨️," adopted December 1993 (JAMA. 1992; 267: 2229-33); Updated June 1996.